

## YOUTH CRIME PREVENTION

### REFERRAL FORM

<b>About the Young Person</b>					Male <input type="checkbox"/>	Female <input type="checkbox"/>
<b>Personal Details</b>						
Name ..... Other Names .....						
Address .....						
.....						
..... Home Telephone .....						
Other Telephone ..... Date of Birth ..... Age .....						
<b>Ethnic Classification</b>						
White	Black/Black British	Asian/Asian British	Chinese/Other Ethnic	Mixed		
British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Chinese <input type="checkbox"/>	White/Black Caribbean <input type="checkbox"/>		
Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any Other <input type="checkbox"/>	White/Black African <input type="checkbox"/>		
Other White <input type="checkbox"/>	Other Black <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>		White/Asian <input type="checkbox"/>		
		Other Asian <input type="checkbox"/>		Other Mixed <input type="checkbox"/>		
Information not obtainable <input type="checkbox"/>						
Preferred Language (if not English) ..... Religion (optional) .....						

<b>Referrer Details</b>
Name ..... Agency .....
Address .....
.....
.....
Telephone Number ..... Email .....

**Family details**

Who holds parental responsibility for the young person?    Mother ☐    Father ☐    Other ☐

Mother	Name	Date of birth	Address	Phone Number
Father	Name	Date of birth	Address	Phone Number
Other Carer	Name	Date of birth	Address	Phone Number

**Other children and young people in the household**

Name ..... Age ..... Relationship ..... Male ☐ Female ☐  
Name ..... Age ..... Relationship ..... Male ☐ Female ☐  
Name ..... Age ..... Relationship ..... Male ☐ Female ☐  
Name ..... Age ..... Relationship ..... Male ☐ Female ☐

\*attach separate sheet if required.

Current or previous Children's Services involvement with any child, young person or adult mentioned above

Details

.....  
.....  
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**Educational details**

Name of school (or other educational establishment) .....

Address .....

Main contact at school ..... Telephone .....

If the young person is receiving support under the SEND Code of Practice 2001,  
please select the relevant option:    Choose an item.

Has the young person received any formal sanctions or punishment? Yes ☐ No ☐ D/K ☐

Details

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Details of any other agencies you know are involved with the young person (for example, a GP, the police, or an educational welfare officer)

Name ..... Agency ..... Telephone .....

Details of involvement .....

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Details of any other agencies you know are involved with the young person (for example, a GP, the police, or an educational welfare officer)

Name ..... Agency ..... Telephone .....

Details of involvement .....

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### Reasons for the referral

What aspects of the young person's behaviour are you concerned about?

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What has been the impact of the behaviour? (for example, on the young person, individuals, the family, school or community)

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What work has your agency (if applicable) been doing with the young person to deal with the behaviour and risk factors identified?

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Proposals for assistance from the Youth Crime Prevention Workers

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Are you aware of any dangers associated with home visits?  
(for example, dangerous dog, syringes, violent family)

Yes ☐

No ☐

Details

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### Checklist for completion of the referral form

- Have you completed as much of the referral form as you feel able, given your knowledge of the young person and family? ☐
- Have you included your contact details and details for the young person and parent/carer? ☐
- Have you explained the referral to both the young person and his or her parents/carers And obtained consent as detailed overleaf? ☐

### To be completed by the Referrer

Referrers name: ..... Signature: .....

Agency: ..... Date: .....

Please return this form to the following secure email account:

[youth.offending.services@stoke.gov.uk.cjsm.net](mailto:youth.offending.services@stoke.gov.uk.cjsm.net)

\* The sender **MUST** send the form from a **SECURE EMAIL ACCOUNT** when using the above address.

\* If you are sending from a Stoke-on-Trent City Council email address you are able to send it from your ordinary work email account however you should remove **.cjsm.net** from the address above. Please follow Stoke-on-Trent City Council Protective Marking Policy.

\* If you do not have a secure email address please hand deliver or post the completed form to:

Lead of Service

Stoke-on-Trent Youth Offending Service

Liberty House

Marsden Street

Stoke on Trent, ST1 2BW.

## Consent Form

**The young person and parent/carer should read and sign this to show they are happy for the referral to be made**

We have had the initiative explained to us and we agree to a referral being made.

We also agree that information held by member agencies and obtained through the referral and assessment process may be shared with relevant agencies or organisations for the purpose of developing and implementing an intervention plan. Information will also be shared with outside agencies for the purpose of developing and implementing an intervention plan. Information will also be shared with outside agencies for the purpose of evaluating the effectiveness of the initiative both locally and nationally. The sharing of information will be carried out in accordance with the terms and procedures of the information-sharing protocol.

We understand that this information will be stored electronically for case management purposes.

### Parent/Carer

Print Name: .....

Signature: .....

Date: .....

### Young Person

Print Name: .....

Signature: .....

Date: .....

### To be completed by the Youth Crime Prevention Senior Practitioner.

Is this referral suitable for Youth Crime Prevention intervention

Y ☐ N ☐

Date:

Name/Signature:

Ref no: